

State of Michigan
Department of Labor & Economic Growth
Office of Policy & Legislative Affairs
State Boundary Commission

**GENERAL INSTRUCTIONS FOR THE PREPARATION OF A
CONSOLIDATION PETITION
TO BE FILED WITH THE STATE BOUNDARY COMMISSION**

A CONSOLIDATION IS COMPOSED OF THE FOLLOWING PARTS AND FORMS:

- PART I.....** A map or drawing for the area proposed to be annexed, prepared by the petitioner in such a way that the minimum map size is 8 ½" by 13", with a maximum map size of 14" by 18". The map or drawing is supplied by the petitioner. Label this map PART I. Review State Boundary Commission Administrative Rules No. 25 and 27 regarding the content of this map.
- PART II.....**
- PART II(a).....**
- PART III.....** Refer to State Boundary Commission Administrative Rules No. 25 and 27 regarding the content of this description.
- PART IV.....** Petition Form 2010-2002 – Can obtain from the State Boundary Commission or the Secretary of State (size 8 ½ x 14).
- PART V.....**
- PART VI.....** A map prepared on paper supplied by petitioner, showing the relationship of the area proposed for annexation to the balance of the involved and adjacent units of government. The map may be of a size the petitioner chooses and shall not be evaluated by the Commission in its determination of legal sufficiency. Label this map PART VII.

<p style="text-align: center;">This petition form is issued under authority of Public Act 191 of 1968, as amended. Completion of this form is voluntary but failure to do so may result in a denial of your application.</p>
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The completed petition should be filed with the Boundary Commission office in Lansing. This may be done in person between the hours of 8:00 a.m. and 5:00 p.m., or by mail, at the following address:

State Boundary Commission
Office of Policy & Legislative Affairs
Michigan Department of Labor & Economic Growth
611 W. Ottawa Street
P.O. Box 30004
Lansing, MI 48909

<p>In compliance with the American Disabilities Act, the Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., you may make your needs known to this agency.</p>

PETITION FOR CONSOLIDATION

PART II

To the State Boundary Commission:

WE, the undersigned registered voters and residents of _____ county(s) and the territory affected and/or described herein (in PART III), do petition that the question of consolidation of _____ as a home rule city be considered by your commission in accordance with the provisions of Act 279 of the Public Acts of 1909, as amended, and the provisions of Act 191 of the Public Acts of 1968, as amended.

PETITION FOR CONSOLIDATION

PART IIa

As petitioner, it is your responsibility to furnish the State Boundary Commission the names, addresses and telephone numbers of persons and governmental bodies that will be noticed for Commission meetings and hearings. The importance of accurate and most current information cannot be overemphasized. The processing of this petition may be delayed if inaccuracies cause improper notice.

1.

Name of Petitioner:
Mailing Address:
Telephone Number: () Fax: ()

2.

Name of Township:
Name of Township Clerk:
Mailing Address:
Telephone Number: () Fax: ()

3.

Name of City:
Name of City Clerk:
Mailing Address:
Telephone Number: () Fax: ()

4.

Name of County:
Name of County Clerk:
Mailing Address:
Telephone Number: () Fax: ()

5. If the petition should involve more than one township, county and/or village, place additional township, county and/or village information on separate sheet and attach to this form.

PETITION FOR CONSOLIDATION

PART III

The proposed consolidation of _____ into a new home rule city is described as follows:

PETITION FOR CONSOLIDATION

Part IV

**PETITION SIGNATURES
ON FORM 2010-2002**

PETITION FOR CONSOLIDATION

PART V

We further represent that the consolidation proposed in this petition is necessary or desirable at this time for the following reason(s):